DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 05300 CERTIFICATE OF DEATH 05900 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Maryland b. COUNTY MARYLAND Cecil Ceci death. c. LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bav View View d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION R.D. # North Md . R.D.1 East. . = NAME OF 4. DATE First Middle Last Month (Type or print) Myrtle DEATH Audrev Apri Abrams 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months DIVORCED [7] WIDOWED | Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIATRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. ond Proving Stenographer Aberdeen Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicio Ernest Abrams Cornelia Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address View. No Abrams 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not while at work of work p. m. ATTENDING 21. I certify that (I) (this haspital) attended the deceased fram. 19 6.9 and that death accurred at 11 P.M., from the causes and an the date stated above. saw the deceased alive an 220. SIGNATURE MED. DIRECTOR DIREC M.D. may be re-TO FUNERAL DIR-22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Rising Sun, Md. 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) View Methodist Cem ADDRESS 250. REC'D BY REGISTRAR DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 6 Elkton,

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

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(State)

Day

Days

YES TO NO TO

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MARYLAND STATE DEPARTMENT OF HEALTH

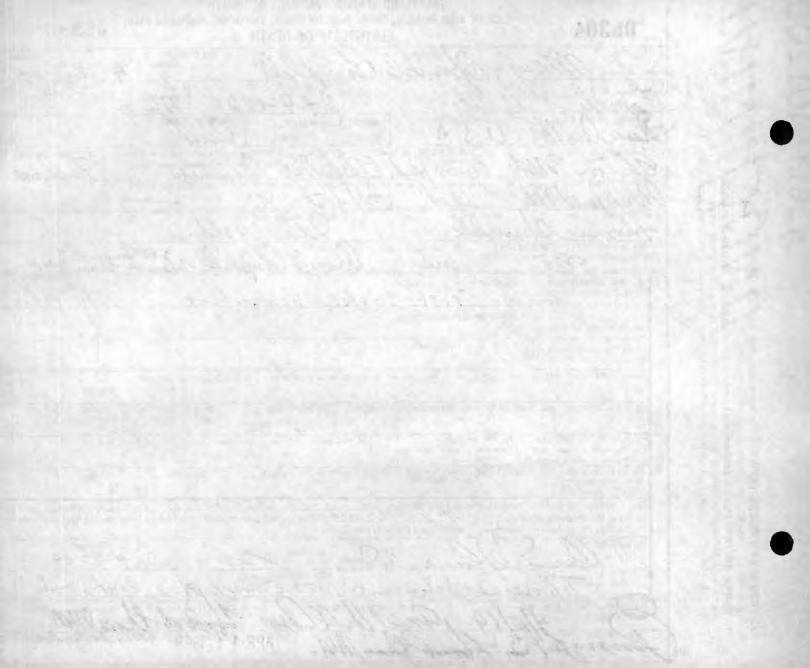
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	70. BIRTHP country)//	LACE (State or foreig	n 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MARR	Tro Pal	OF DEATH (ecil		
٨	10. CITY OF	TOWN OF DEATH	9	NAME OF HOSPITAL OR IN: we street oddress)	STITUTION (If not in hospital	during most of work	ION (Kind of work done ing life, even if retired.)	12b. KIND OF B	USINESS OR
7	13o. USUAl odmission)	RESIDENCE (Where	deceased lived, if insti	itution: Residence before		3d. INSIDE CITY LIMITS? 13e	STREET AND NUMBER	oot	
I	14. FATHER		liam H		IS. MOTHER'S MAI	IDEN NAME First	Middle	11 11	Lost
		DECEASED EVER IN U		16b. SOCIAL SECURITY	NO. 17. INFORMANT	Home Record	Address Address	Holl	and
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	TIFICA	ATE OF OPERATION		WHICH OPERATION WAS PE	YES [	NO CA	). IF YES, WERE FINDINGS USES OF DEATH?		TIFYING
	OR (If ei	ACCIDENT WAS UND CONTRIBUTING [ CAUSE ther, notify medical	OF DEATH HOUR A. exominer)	M. 1	9		injury in Port 1 or Port 2,		
l		INJURY OCCURRED Not while	21e. PLACE OF INJUR	( AT HOME, FARM, STREET, FA OFFICE BUILDING, FTC.	21f. LOCATION Street	or R.F.D. No.	City or Town	County	Stote
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		IGNATURY De	IR.	Paylor	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	DATE SIGNED	9
	22d.	PHYSICIAN'S NAME (Type)	reil R.	Taylor	Jrmp 22e. ADDR	Kron	and,	my	1
	BURY	AL, CREMATION, VAL (Specify)	23b. DATE Abril 9.	1969 Ash	CEMETERY OR CREMATORY		Deposit, 1	(County)	(Stote)
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4			40904			CERTIFIC	ATE OF DEATH		U	5296	)
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	4 haurs after death 1 in by the funeral	3. SI	Lemale	A. RACE	Pel		S. DATE OF BIRTH	26 6. AGE (In lost birth)	yeors IFU doy) MON	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN
	4 haurs	700	IR) HPLACE (Stote or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED [	NEVER MARRIED 9.	COUNTY OF DEATH	11.2.		M
	If the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permit. Then please remove carban papers. Figs 1 and 2 nation, ar remaval, and in any event, within 72 paurs after death	1D. 0	TY OR LOWN OF DEATH	nd	11. NAME OF HOSPITAL OF	R INSTITUTION (If no		OCCUPATION (Kind of wo	ork done 1: retired.)	26. KIND OF B	USINESS OR
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	icate be executed within sicion and completely follows remove carban II, and in any event, will	14. F	ATHER'S NAME First	Opin	ldle Los	t IS	MOTHER'S MAIDEN NAME FIRS	olford	Middle		Lost
	The law requires that the death certificate attending physician. has been signed by the attending physicianse as the burial-transit permit. Then pleas h priar to burial, crematian, ar remaval, and	160. Y	WAS DECEASED EVER IN U.S.	armed FORCES? give war or dates of serv	(16b. SOCIAL SECUR	ITY NO. 17 II	MORMANT Camps	lell stre	of the	and V	nd
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	endi mit. ar r		PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (0)	CRYEBY	al arte	ry hemory	hase		36-4	8hrs
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	w requires that the fing physician. Sen signed by the he burial-transit proburial, cremating the burial, cremating the burial cremating the buri	NO		t conditions <u>con</u>	TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE OR COM	IDITION GIVEN IN PART 1(	0)		
	IAN: The law re tall ar attending if ficate has been sfar use as the tell the all the tall tall tall tall tall tall tall tal	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY?  YES NO	20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CONSID	DERED IN CER	TIFYING
	OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-traded with the State Dept. of Health priar to burial, cre-	MEDICAL CE	21a. ACCIDENT WAS UNDER  ☐ OR CONTRIBUTING ☐ CAUSE OF  [If either, notify medical ex-	F DEATH HOUR	P.M.	19	W INJURY OCCURRED (Enter n	oture of injury in Port I o	or Port 2, Item	18.)	
	DING PHYSICIA I by the hospita After this certific be detached for State Dept. of H		21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJ			CATION Street or R.F.D. No.	City or Town	Co	ounty	Stote
	by be Stat		22a. I certify that (I)	(this hospital)	attended the dece	ased fram	that in (my) (aur) apini	1,10 4-	7-, 1965	ے, thot (	(I) (we) los
	R ATTEND retained RECTOR: A 3 should with the			ove, (I) (we)	did) (did not) view t	he body after d	l that in (my) (aur) apini leoth.	on death occurred o	n the dote o	ond hour o	nd from th
	OR A be rethered or a street of a street or a street o		226. SIGNISTORE	mes &	Lucian	2 DEGRE	ATTENDING MED	CTOR STAFF	22c. DATE	SIGNED 8- 49	
	O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRI director, page 3 shauld be filed v		22d. PHYSICIAN'S NAME (Type)	Munza.	Dolen	50n h.	220. ADDRESS 1) 123 Jinge	rly ALC.	EIH	14 M	6
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be c shauld be filed with the State	230	REMOVAL (Specify)	4/10/6	9 23c HAME	OF CEMETERY ON	CREMATORY COM!	23d LOCATION (City of To	Check (C)	Ma.	(Stote)
	VR A15 45M - 1 69	24.	THE PART DIRECTOR	13.	Howde &	June 11	DATE 250. APRY	EGI RAR 196925b. RS	MISTERNIS SIN	MIU ( red	er.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05297 05305 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) MICHAEL J. APRTL 6 Dol 969 Year CAREY 8:25 3 SEX 4 RACE 6 AGE (In years last birthday) S. DATE OF BIRTH IF JNDER I YEAR IF JANDER 24 HRS completely filled in by the flave corbon popers. Poges werent, within 72 haurs aft MALE WHITE FEBRUARY 14.1897 YRS 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH COUNTRY MARYLAND U.S.A. WIDOWED [ DIVORCED [ CECTL. 10. CITY OR TOWN OF DEATH Is NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) hen pleose remave corbon PERRY POINT ADMINISTRATION 130. USUAL RESIDENCE (Where deceased lived/if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER 13by COUNTY Allegheny 14 Race Street YESSEX NO Cumberland burial, cremation, or removal, and in any 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME FIRST Lost Middle Last The law requires that the death certificate be Michael Carey Bessie Long physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. or unknown) (III yes give wor or dates of service) 217547528 WW T VA Records, VAH, Perry Point, Maryland ves 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac stand still IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, fany, which gave) burial-transit cononary artery occlusion rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause! last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (0) this certificate has been . 90. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES ( NO TY 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) State Dept. 21d INHIRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State Whe Natwhe at wark TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 12-19-, 1966, to 4-6-, 1969, that (CP) (we) lost saw the deceased alive an 4-6- 1969, and that in (2014) opinion death occurred an the date and hour and from the causes stated above, (d) (we) (did) (did) and view the body after death. 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS 22d. PHY CIAN 22e ADDRESS Dr. J. MORRIS. VA Hospital, Perry Point, Md. 23d. LOCATION (City or Tawn) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION (Caunty) (State) REMOVAL (Specify) Ad. Marias (emetery umberland 25b., REG.STRAR Patterson & Stoness Perruville REC'D BY REG STRAR 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05306 05298 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED NAME 2b. HOUR (Type or print) William 3. SEX 4 RACE 6. AGE (In years FUNDER I YEAR IF UNDER 24 HRS. Feb. 16, 1919 last birthogy) MONTHS DAYS YRS the attending physician and cappress, Pagers. Pages carbon papers. Pages remaye carbon papers. Pages executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (ecil woodale. U.S.A. WIDOWED [ DIVORCED [ TD. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street podres Brown during most of warking life, even if retired.) Elkton Ne staurant Street 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATE Elkton 119 Brown Street 13b. COUNTY ecil NO [ IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle William Larke Beulah Goodyear requires that the death certificate be 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give year pr dougs of service) Lillian D. kton, (larke. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per ling for (b), (b), and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🖂 far use 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 2)f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from April 26, 1961, to (101), 1969, that (I) (we) last saw the deceased alive an April 30, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above (I) (we) (my) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22e. ADDRESS 22d PHYSICIAN'S Bridge Joseph directar, 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) REMOVAL (Specify) Ikton ( Ikton emeteru REC'D BY REGISTRAR 24. FUNERAL DIRECTOR lkton



		1		MARYLAND STATE DEPARTMENT OF HEALTH	
_ 11-	1		05209	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			05307	CERTIFICATE OF DEATH	05299
	£ = 57 £		ECEASED-NAME First Type or print)	Middle Lost 20. DATE OF DEATH	2b. HOUR
	dea and dea	L	Type or print) MARY	ELIZABETH COOLING 4 Month 4 Doy	69 Year M
	frer s 1 frer	3.	EX	4. RACE S DATE OF BIRTH  2-23-8/  Ost burthegy)  YRS	IF UNDER YEAR IF UNDER 24 HRS
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	100		ntn/	CITIZEN OF WHAT COUNTRY?    B. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
	24 naurs after death led in the funeral appear Pages I and 2 no 72 naurs after death	L	M.D.	U.S.A. WIDOWED DIVORCED CECIL	Md
	filled filled filled filled		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (Hinot in hospital give street address)  120 USUA. OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR
	ed with bletely f carbon ent, with	12	US. A. DECIDENCE (When down	UNGON HOSPITAL HOUSEWIFE	INDUSTRY ME
	and chapterely filled in the reprove carbon papers in any event, within 72 man	odi	DISSION) STATE A D	13b COUNTY CIECIL CHESAPTALE YES NO NO NOTE NOTE AND NUMBER	
	e-execution compression of the control of the contr	14.	FATHERS NAME First	Middle Eost 15 MOTHER'S MAIDEN NAME First Middle	Lost
	are be	Ĺ	JOHN W.	ARRANTS ANNIE M.	URNER
	physicare be exphysicar and en please repared in an and in an	16	WAS DECEASED EVER IN U.S. ARMED Yes, po. or unknown) 1 (1 yes give word	If folias of services	HECAPERKE
	phy en eva	-	170	MODES OF SECULO STORE WAZTER F. GOOLING	CILL WD
	ing framer		18 CAUSE OF DEATH (Enter only of PART DEATH WAS CAUSED B	one cause per line for (a), (b) ongy(c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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	the all		Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE OF	(ALLA
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	equires that the death a physician. signed by the attending bunal-transit permit. The burial, crematian, or rem		storing the underlying couse lost.	10 + I tear Touland	2 Mouths
	sig bud bud	$\perp$	PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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	he la	CERTIFICATION	170. SAIL OF OFTKAHON 176 COI	YES NO CAUSES OF DEATH?	DUSINERED IN CERTIFILING
	T at a X		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	tem 18.\
	HYSICIAN: The law re hospital ar attending certificate has been tiched far use as the pt. af Health priar to	3	OR CONTR BUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor P.M. 19	10.7
	a this De Co	2	21d IN.JRY OCCURRED 21e. PL/ While Not while of work	ACE OF INJURY (AT HOME FARM, STREET FACIORY.) 28 LOCATION STREET OF R.F.D. No. City or Town	County State
	by the fiter this be determined by the State D		22a. I certify that (1) (this	haspital) attended the deceased from 1959, to 19, 19 e on 1957, and that in 1957, and the 1957, an	69_, tha (1) (we) lost
	END led lid the A		saw the deceased alive	e on	te and haur and from the
	ATTA fain shat f t		22b SIGNATURE		DATE SIGNED
	OR ATTEND be retained DIRECTOR: A pe 3 shauld ed with the 3			DEGREE PHYS DIRECTOR	1-12-69
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be director, page 3 shauld be filed with the State	1	224 RHYSICIANS NAME (Type) JOSE	PH G. LANZO 220 ADDRESS ELETSM. TO	
	OSP PNE Cross	22	BURIAL CREMATION, 23b DAT		Haraba (State)
	Page of direction of shape of the shape of t	1	REMOVAL (Specify)	-14-64 BETHEL CHESAPLARE	(County) (State)
	VR AIL	24	FUNERAL DIRECTOR of offer	1. formal ADDRESS SAPERER 250. RECORP REGISTRAR OCO 256 RECORDES	Mary Ca
	45M - 1/89	1	T. FOARD FUNE	RAL HOME CITY MYD. DATER 1 9 1303 F	A "



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05000 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First 20. DATE KNOWN Month 2h HOUR (Type or Print) iny delay is 2, and 3 to PM3. Poge Mae CRAWFORD DOROTHY DEATH MATED K 6. AGE (in years IF JNDER 24 HRS. 4. RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD May 29, 1932 19 69 female white 36 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9 COUNTY OF DEATH olpng with form country) W WIDOWED IT DIVORCED [7] Cecil 10. CITY OR TOWN OF DEATH be executed within 24 hours ofter death 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. LSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY Lothes give street address)
Bouchelle Road during mother was in the during mother was if retired.) ombs Trailer (ourt 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN RD 13d MISIDE CITY LAMISS 13e STREET AND NUMBER Combes Trailer 13b COUNTY Cecil WORTH EAST YES NO X Park, Bouchelle Road Off.ce 14. FATHER S NAME IS MOTHER'S MAIDEN NAME John R. Annie K. Miller Guard Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes no, or unknown) Princeton W. Raymond R. within 72 APPROXIMATE INTERVA-18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEER ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Shotgun Wound of Head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .5 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 removol, 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, YES X NO should be burial, cremotion, or 21g. EXTERNA, CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY X OR CONTRIBUTING 4/27 1969 Subj. shot in head CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street City or Town County AT WORK Combes Trailer Park Bouchelle Road, Cecil County, Maryland 22a. I certify that I took charge of the remains described above, held an Autopsy X and in my apin'an Inspection . Inquiry , Suicide . Homicide X Undetermined manner death regulted fram: Natural couses Acadent CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 4/28/69 DEPUTY MEDICAL EXAMINER Werner U. Shitz **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, ar county) 23o. BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Roselawn Mem. Ynds Percer o. West Virginia 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME [5] 10M REV. 1768

MARYLAND STATE DEPARTMENT OF HEALTH



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		05309	DIVISION	OF VITAL RECORDS,				ORE, MAR	YLAND 21201	0530:	1
	L				CERTIFIC	ATE OF	DEATH				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exelleged 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and condirector, page 3 should be detached for use as the burial-transit permit. Then please remained be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		stating the underlying lost	DUE TO,	OR AS A CONSEQUENCE OF GENERIALI	r ED	AFTE	PLOSCE	EROS	15	>	
phy phy sign buri		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTI	RIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE OR CON	DITION GIVEN	I IN PART 1(o)		
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ol or atticote ho for use Health y		210. ACCIDENT WAS UND	ERLYING 216. TIME OF DEATH HOUR A	E OF INJURY  .M. Month Doy Year	21c, H	OW INJURY OC	CURRED (Enter no	ature of injur	y in Port 1 or Port 2, lie	em 18.)	
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<b>D FUNERAL DIRECTOR:</b> After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		21d INJURY OCCURRED While Not while of work	21e. PŁACE OF INJU	RY (AT HOME, EARM, STREET, FAC OFFICE BUILDING ETC.	10RY,) 21f. LC	CATION Street	et or R.F.D. No.	City	or Town	County	Stole
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FUNERAL rector, po		22d PHYSICIAN'S NAME (Type)	lando A	Najera M	D	22e ADD		in St	. Elkton	Md.	
She ctor	22.5	BURIAL, CREMATION,	235 DATE	23c NAME OF			<u>-</u>				(5)
She office	230	PEMOVA (Speniy)	4/8/69				. Ceme		(City or Town) Cherry	(County)	(Stote)
200	24.	FUNERALISIRECTOR	11 6 4	ADDRESS	/		250 REC'D BY R		25h REGISTRARS S	IGNAT. RF	2.30.2.0
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A 20	MARYLAND STATE DEPARTMENT OF HEALTH  OUT OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  O 5 3  Middle Day Marie D	30%
HEALTH DEPT.		fear 2b. HOUR
Poge 15	DAPHNEY ALICIA DORSEY OF ESTI-	19 M
da de la la de la	3 SEX 41 HXCE S DATE OF BIRTH 6 AGE (n years of UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	9 69 11:50
n P	70 BIRTHPLACE (Stote or foreign 176 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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m 4 h ±	13a LSUA. RESIDENCE (Where deceased tyed, 1 institut on. Residence before 13c (ITY OR TOWN 3a INSIDE CITY UMIIS? 13e STREET AND NUMBER 4 Avondale YES NO X Lincoln University	ty
lond lond offer offer offer	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
24 in in ris	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ander
within n pencil Examine File poge	(Yes_np, ar unknown) (M yes give war or dates of service) William Robert Dorsey. Lincoln.	
ed in all Ex	18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).)	OX MATE INTERVAL IN ONSET AND DEATH
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e ex pend if M sit p	Conditions, if any, which gave )	
d be d be Chie fran	rise to immediate cause (a), (b)	
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This certificate should cote, writing the word be farworded to the Clbe used os a burial-true removal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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ie ta a p	WAS PERFORMED!	ES NO
	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) PRIMARY (X) OR CONTRIBUTING (1) HOUR A.M.	
NER. reer houl iles. shor	PRIMARY X OR CONTRIBUTING   HOUR A.M. 10:10:26x 4/28/19 69 Explosion in fireworks plant    21d   NJURY OCCURRED   21e PLACE OF INJURY (At home, form, street)   21f LOCATION Street or R.F.D. No. (If yor Town County	Stote
	whits must write factory, office building, etc.)	
ICAL EXAMINER: execute the certifor Poge 4 should do for your files. CTOR: Poge 3 should bursol, cremotion,	//	in my opinian
CAL exe or F d fo d fo	death resulted fram: Natural causes   Accident   X , Suicide   Homicide   Undetermined monner	in any opinion
pleose I director retained L DIREC	CHIEF MEDICAL EXAMINER	
ol de la	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	
Sory, uneroly be lERAI	EXAMINER'S Werner U. Spitz M.D. DEPUTY MEDICAL EXAMINER 4/29/69	
TO DEPUTY BICAL EXAM necessory, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type)  ADDRESS(Street, city, town, or county)	
5 E # NO E	230 BURIA, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIA, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIA, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
	Burrial 5/2/69, Trinity A.U.M.P. Cemetery, Zion, Md. Ce	
VR A15ME 19	Hicks Home for Funerals, Elkton, Md. MAY 6 1959	0
I DIM KEY LOD		



		MARYLAN	ID STATE DEPARTMENT OF H	ALTH	
1 C 1 W 1	05311	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTII	MORE, MARYLAND 21201	05300
10%	anass		CERTIFICATE OF DEATH		
1 / E - SE	1 DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
ir death.	(Type or print) Ge	orge C.	DUTTON Sr.	Month Day	1969 4:56 M
Ter Ter	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR   F JINDER 24 HRS
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Page 1	7o. BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9	. COUNTY OF DEATH	
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on con con con con con con con con con c	John	NMT Dutte		. , ,	Sweeney
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equires that the death ce physician. signed by the ottending burial-transit permit. The burial, cremation, ar remi			OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION CIVEN IN PART 1/a)	
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law pee bee	190. DATE OF OPERATION 196. O	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The atternation has had been a house a hour had been a hour ha	TIFIC		YES KOK NO	CAUSES OF DEATH?	
or arte		The finite of moditi	21c HOW INJURY OCCURRED (Enter r	nature of injury in Part 1 or Port 2, II	em 18.)
TCIA atfice of H	S OR CONTRIBUTING CAUSE OF DEATH				
OR ATTENDING PHYSICIAN or retained by the haspital ( JIRECTOR: After this certifical e 3 should be detached for ed with the State Dept. of He	₹ 21d, INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC		City or Town	County State
this this e De	While And while at work	tourse animus as			
by the Stat	220. I certify that (1) (thi	s hospital) attended the deceas	ed from 4-29-57 , 19		**************************************
R: A	onesestated phose	responses to the land (bid) (li) (we) (bid) (ii) (iii) view the	9, and that in (my) (our) opini	on deoth occurred on the dot	e ond hour ond from the
ATT ATT Shows the street of th	22b. FGNANUBE			22c D	ATE SIGNED
OR De re se d w	1 /fx L	uis & M	DEGREE PHYS DIR	ECTOR D STAFF E 12 (	
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2 e <b>5</b> 7 2	23a BUR AL, CREMAT ON, 23b D			23d LOCATION (City or Town)	(Caunty) (State)
5 7 0 10 12 12 12 12 12 12 12 12 12 12 12 12 12			cbrook Cemetery	Wilmington, D	
VR A15 .4) 45M - 1/69	24 FUNERAL DIRECTOR	11 ADDRESS	ELKTUM, 250 RECD BY		
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by the Poges. Poges	7	Female BIRTHPLACE (State or fore an	75 CITIZEN OF W	rite	1.	brch 25,	1889	lest birthday) YRS.	MONTHS OAYS	HOURS MAIN
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campletely ave carbar y event, wi	13o odm	USUAL RES DENCE (Where decension) STATE Md.	13b COUNTY	Cecil	Elkto	n YES	NO - 13/	STREET AND NUMBER 7 E. Main S.	treet	
din any	14.	PATHER'S NAME Daniel	Middle	Bratt	on.	OTHER'S MAIDEN NAM Elizabe		Middle	Mitch	lost
val, and		WAS DECEASED EVER IN U.S. AF es, no, or unknown) (If yes give	RMED FORCES? wor or dates of service)	16b. SOCIAL SECURITY			Bratto	Address Address	M.	
or Function and campletely filled in by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Poges should be filed with the State Dept. at Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after the state Dept.	NO	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR (b)	AS A CONSEQUENCE OF	OT RELATED TO TH	AR RET	ORCONDITION GIV	SEASE  VEN IN PART HO)	BETWEEN ON	ate miteral
use as Ith pria	CERTIFICATION			IICH OPERATION WAS PI			CAUS	IF YES, WERE FINDINGS ( SES OF DEATH?		ETIFYING
t, of Hea	₹	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam 21d INSURY OCCURRED 21d	ATH HOUR A.M. niner) P.M.	Month Day Year	9			jury in Port 1 or Port 2,		
2 C C C C		White Not white of work		AT HOME FARM, STREET FA OFFICE BUILDING, ETC.		TION Street or R F D		1 or Town	County	Stote
the Stat		22a. I certify that (I) (t saw the deceased causes stated obov	his haspital) att alive an re,(I) (we)(did)	ended the deceas PRIL 26 (did nat) view the	ed from: 17 19_6_7, and the body after dea	hat in (my) (aur) ith.	95 / to / opinian death	17 KIL - (, 196 occurred on the da	te ond hour a	(i) (we) last nd fram the
led with		22b. SIGNATURE	-11,00	Doro	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF 22c I	DATE SIGNED /	9
director, page 3 shauld be detached far use as the should be filed with the State Dept. at Health priar to		22d. PHYSICIAN'S NAME (Type)	Ry VI	DAVIS /	1.D	22e ADDRESS CHESA	PFAKE (	Cory M	6	
Shering		Bunkar (Splaty) 4	-30-69	23c NAME DE Elkte	cemetery or cre	ery	Elkt		(County)	(State)
SM - (1)	24	FUNERAL DIRECTOR PIN FUNERAL H	OME Ston.	ala ( )	er Elk	0.0.5	D BY REGISTRAR  1 19	25b REGISTRAR S	SIGNATURE S	<b>L</b> :



- Allinger	MARYLAND STATE DEPARTMENT OF HEALTH	
<del></del>	05313 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.6
	CERTIFICATE OF DEATH	
death neral and 2 death	Type or print)  CHARLES L. GRICE  On Deceased Name  CHARLES L. GRICE  Lost  20 Date Of Death  Appril 10 or 1969	26 HOUR T
the furnages 1	3 SEX  Male  4 RACE  White  5. DATE OF BIRTH  12-21-17  6 AGE (in years   FUNDER LYEAR   DAYS   DAYS	F JNDER 24 HRS HOURS MIN
4 haurs d in by spers R	70. BIRTHPLACE (Stote ar foreign Country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH COUNTRY?	
within 2-	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito  The perry Point,  120 USUAL OCCUPATION (Kind of work done during most of working I fe, even f retired.)  12b KIND OF Truck Driver	BUSINESS OR
ampletely fille	30 JSJAL RESIDENCE (Where deceased I ved / frinstitution, Residence before admission) STATE 13b/COUNTY Harford Havre de Grace NO 13a INSDECTIVE NO 13a STREET AND NUMBER 1.128 Revolution	
be exe	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  Martin Grice Ruby Niadlien	Lost
tificate hysiciar n pleas val, and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown)   (Il yes give wor or dates of service)   16b. SOCIAL SECURITY NO.   17 INFORMANT   Address   Yes, no. or unknown)   Yes, no. or unknown)   17 INFORMANT   Address   Yes, no. or unknown)   Yes, no. or unknown)   17 INFORMANT   Yes, no. or unknown)   18 INFORMANT   Yes, no. or unknown   Yes, no.	
It the death certificate be executed within 24 haurs after death, the attending physician and completely filled in by the funeral sit permit. Then please retrieve tarban papers -Rages 1 and 2 nation, ar removal, and its any event, within 72 haurs after death.	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Bronchopneumonia, bilateral	WATE INTERVA. NSET AND DEATH
	Conditions, if any, which gave use to immediate cause (a).  Stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	
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OR Al be reto DIRECT 3e 3 sh ed with	22b SIGNATURE  ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	
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2 1	It	ems 20&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH 8-69 Res Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	05200
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05308
HEALTH DEPT.		lyne or Print)	Doy Year 2b HOUR
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e Page	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital dring most of work ng ife even if retired)  2. D. North East  Combes Trailer Park  120 USUAL OCCUPATION (Kind of work dane dring most of work ng ife even if retired)	126 KIND OF BUSINESS OR INDUSTRY.
s after dec 18 Give P colong viril	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
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4 hours in them 1 is Office should be softer of	14 1	FATHER'S NAME First Middle Lost 1s. MOTHER'S MAIDEN NAME First Middle  James P. Johnson 1la Nae	Comba
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in item 18 Give <u>Pages 4</u> , whould be forwarded to the Chief <u>medical Examiner's Office along with formities.</u> 3 should be used <u>med in a Murial-transit permit.</u> File pages land 2 <u>mith the State Deathor</u> , ar removal, and in any event within 72 haurs ofter deathor.		WAS DECEASED EVER IN U.S. ARMED FORCES?  [68, no, or unknown] (11 yes given years do to service) 230-42-9859 James P. Johnson, Sugar Grove, V	irginia.
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:AL EXAM execute the r. Page Tor your TOR: Page urief, crem		220   Certify that I took charge of the remains described above, held on Autopsy [X], Inspection [X] / Inquiry	
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HOS UNI ecto	23a	BURIAL, CREMATION,	23b. DATE		23c NAME OF	CEMETERY OR	REMATORY	23d LOCATION	(Ity or Town)	(Caunty)	(State)
0 0 P din di	-	REMOVAL (Specify)	Apri	1 29 79		ton Ha	tional Cemt.	Arling	ton, Vir	ginia	
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VR A15 (4) 45M 1/69		THOMAS FLET	CHER	West 1	Minister,	Md.	DATAPK	30 1969	yeur	usy from	<b>5</b> ~

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ad Janes		John		Malec	(D)	Pa	auline	Jeda	MWSky	(D)
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The The		IB. CAUSE OF DEATH (Ent	ter on y one cause per	line far (a), (b), and (	c))				APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
ooth iii. or re		PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	Pneumonia	a.					
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physician.  physician.  physician.  signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please remove carbon popers. Pages I and 2 burial, crematian, or removal, and in any event, with in 72 hours after death.		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL D SEA	SE OR CONDITION GIV	EN IN PART I(a)		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriol-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.	23a	BURIAL, CREMATION	23b/DATE	23c NAME O	F CEMETERY OR			ION (City or Tawn)	(County)	(State)
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5.1	24	FUNERAL DIRECTOR		ADDRES	Maryl	and 250 1	REC D BY REGISTRAR	25b REGISTRAR		
VR A15 VA) W 45M - 1/69 )	Fr	ances Colli	ns Funera	al Home, S	Silver	Spring	PR 2 3 19	69 2 Her	And Cudy	10.
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	1			DEPARTMENT OF HEAL		
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SIC Sprit Sertified T. of	MEDICAL	flf either, notify medical a		CATION Street or D.E.D. No.	City or Town	County State
G PHYSICIAN: The haspital or this certificate detached for us to Dept. of Health		While Mot while m	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LO	CATION SHEET OF KILD NO.	City of Town	County
by the fifter the be de State		22g.   certify that (	(this hashital) attended the deceased from T	DV 1 5 19 69	to COM 2519	(4), that (1) (we) last
ATTENDING trained by th CTOR: After I should be d		sow the deceas	(this haspital) attended the deceased from J d olive on July 15 1959, and	that in (my) (aur) apinion	deoth occurred an the da	te and haur ond from the
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OR A' De retro	1	22b. SIGNATURE	renco I Jamsonesa	ATTENDING MED.	STAFF	DATE SIGNED
y be gge filled	1	22d. PHYSICIAN'S	Lews J 10 - Waster	PHYS. DIRECTO	OR L PHYS. L	CNT16-6-07
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VR A153W	24.	FUNERAL DIRECTOR	ADDRESS 2	250 REC'D BY REG	GISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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		05321	DIVISION		CERTIFICATE O		RE, MARYLAND 21201	0531	2
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PHYS e hosp nis cer rache Dept	ш	While Mat while	21e. PLACE OF INJUR	Y (AT HOME FARM, STREET FA	CIDRY.) 21f LOCATION SI	treet or R.F.D. No.	City or Town	County	State
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45M - 1/69	4	icks Home Fe	FUNIER	24/5; Col	kton, Md	1 MER 24	1969 Kara	elso Judge.	•



	- 1			D STATE DEPARTMENT OF		
,* 1		05322 DIVISION		301 W. PRESTON STREET, BA		05314
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faw bee		190 DATE OF OPERATION 196 CONDITION	FOR WHICH OPERATION WAS PE	REORMED 200 AUTOPSY?	206 F YES, WERE FINDINGS	CONS DERED IN CERTIFYING
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OR be r		- Telia	Lung. Mi	DEGREE PHYS	DIRECTOR PHYS PHYS	4198160
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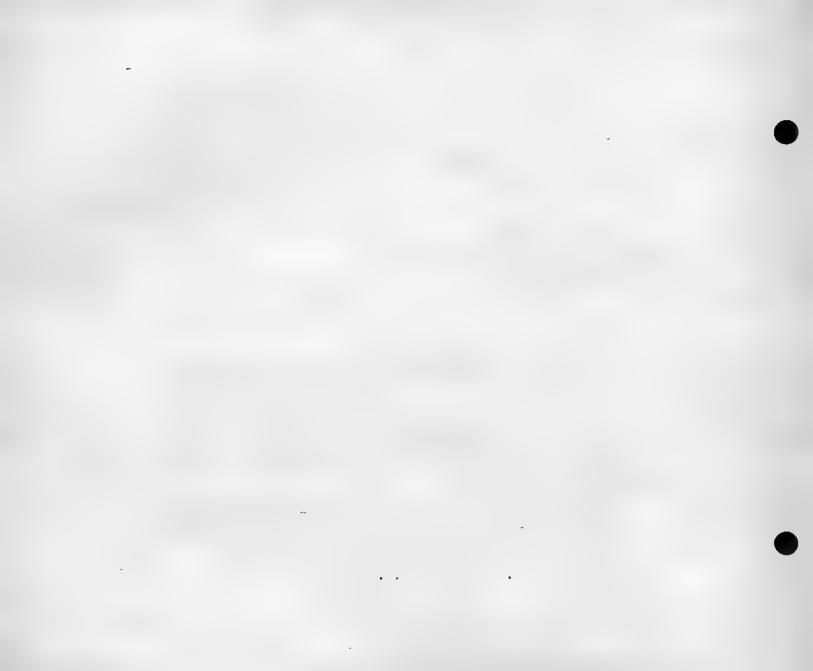
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05315 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Lost 20. DATE KNOWN Month 2b. HOHR Yeor (Type or Print) OF ESTI-DEATH MATED Page PAXTON ö 19 3 4 RACE AGE (n years #F JNDER 1 YEAR F UNDER 24 HRS 3 SEX 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD 141 HOUS Jan. 8. 2804 40 1969 fema1e white A. M 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9 COUNTY OF DEATH 18 Give Pages ", e along with farm U.S.A. It Virginia WIDOWED [ DIVORCED [ Cecil Give Pages State IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Bennie Bello Fire Works Co. during most/of working life, even if retired.) **INDUSTRY** ire Works E1kton 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Maryvia Hd 136. (COUNTY 1 E1kton State Route #7 YES NO X Page 4 shauld be forwarded to the Chief Medical Examiner's Office. pencil in Irem 14, FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Shaeler Florence Harlan Blankenship hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within (Yes, no, or unknown) Carl V. Paxton. R.D. #1. Elkton. File .⊑ APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit PART I. DEATH WAS CAUSED BY pending IMMIDIATE CAUSE (a) Multiple Injuries and Inhalation of Smoke and event Soot **burial-transit** Canditions, if any, which gave rise to immediate cause (a), in any word shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate remayal, CERTIFICATION 19c DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO ě 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY K OR CONTRIBUTING crematian, Explosion in fireworks plant 10:10 BANK 4/28/ 19 69 CAUSE OF DEATH 21d INIURY OCCURRED 21e PLACE OF INJURY (At home form street, 21f LOCATION Street or R.F.D. No. City of Town County Stote factory, office building, etc.) WHILE AT WORK St. Rt. 7, Ekton, Cecil, Maryland burial, 220. I certify that I took charge of the remains described above, held an Autopsy [X], inspection . Inquiry . and in my opinion director. Accident X. Suicide death resulted fram-Natural couses. Hamicide Undetermined manner Diease CHIEF MEDICAL EXAMINER prid ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED the funeral SIGNATUR 4/29/69 DEPUTY MEDICAL EXAMINER Werner U. Spita) M.D. may NAME (Type) ADDRESS(Street, city, town, or county) 0 230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR COLUMNICAL 23d LOCATION (City or Town) (County) (Stote) BURIAL (Specify) ML Vilpin Manor Mem. ecil 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR TOM REV. 1/6



	ì			D STATE DEPARTMENT OF H		
-4	L	05324		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	05316
death. neral and 2 death.		CEASED-NAME First ype or pent) A-(+n	Middle	Peters	2a DATE OF DEATH  Month / 2 Day	GOOT 2240N
s after the fur toges 1	3 SE	M	4 RACE	S. DATE OF BIRTH / 08	6 AGE ( n years last birthday) YRS.	FUNDER YEAR OF JINDER 24 HRS MONTHS DAYS HOURS MIN
14 hours	7a l couj	SIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH CECC	Md
and completely filled in by the funeral remove carbon papers. Pages 1 and ready event, within 2 bours after deat	10 (	ITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OR IN		L OCCUPATION (Kind of work done ost of work he life even if retired )	12b KIND OF BUSINESS OR Teaching
cuted w	adm	USUAL RESIDENCE (Where decease ssion) STATE (arvland	d lived, if institution Residence before 13b COUNTY. CECIL	130 CITY OR TOWN 3d INSIDE CITY LI		
The law requires that the death certificate be executed within 24 hours after death attending physician.  And been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please remove carbon papers. Pages I and 2 hours after death.		ATHERS NAME First A ( bent	Middle Peters	IS. MOTHER'S MAIDEN NAME F		Davis
equires that the death certificate by physician. signed by the attending physician burial-transit permit. Then please burial, cremation, ar removal, and		WAS DECEASED EVER IN U.S. ARM es, ng, or unknown) (If yes give wi	ED FORCES? 16b SOCIAL SECURITY 233-14-		Address  B. Peters. No	Md. orth East.
ath cer nding p it. The		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c) BY: TE CAUSE (a) Adeanocan	* 1/1 ~ /	l bound	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the de he atte it perm ation, c		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF			rojace
equires that the death certify physician. Signed by the attending phy burial-transit permit. Then burial, crematian, ar removal		rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
requir ng phys na sign se burit to burit	×	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
The law re attending has been se as the h priartal	CERTIFICATION	19g DATE OF OPERATION 19b (	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES NO NO	206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
PHYSICIAM: The e haspital or att his certificate hastached to use stacked for use Dept of Health p	MEDICAL CER	27 a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Manth Day Year	23c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, 1	tem 18)
JING PHYSIC by the haspii ffer this certi be detached State Dept of			PLACE OF INJURY ( AT HOME, FARM, STREET FAC		City ar Town	County State
OR ATTENDING be retained by the JIRECTOR: After is a 3 should be ded with the State		22a I certify that (I) (this saw the deceased at	haspital) attended the decease	9 6 9 and that in (my) (our) doing	G, ta 4 /12, 19 non death occurred on the da	(o S, that (I) (we) last te and hour and fram the
R ATTENE retained RECTOR: A 3 should with the		22b. SIGNATURE	(I) (we) (did) (did not) view the	ATTENDING MI	ED STAFF 1773 A	DAYE SIGNED
may be RAL DII ( Poge be filed		22d PHYSICIAN'S NAME (Type) Edga	r E. Fockie 1	DEGREE PHYS DI 122e. ADDRESS Llun (toggether)	RECTOR LIPHYS LA +	11264
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept of Health priar to burial, cre	23a	BURIA (REMATION, 23b D REMOVAL Specify) 14	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCAT ON (City or Tawn)	(County) (State) is Co. II. Va
VR AIS ASM		FUNERAL DIRECTOR	AL: 6 ADERESS		registrar 2sh registrare 5 1969	
"Ada"	11.	cts nome for	r Funerals, Elk	COIL, PALL ONE -	9	11 *



1	D	IVISION OF VITAI	MARYLAND STATE D L RECORDS, 301 W. PRE			AND 21201		
TATE	05325		DICAL EXAMINER'S				(	05317
	DECEASED-NAME (Type or Print)	First JAMES	Middle BENJAMIN	last PIN	VER.	2d DATE KNOWN OF EST - DEATH MATED	Month Do	ay Year 25 HOUR 9 10 M
	Male         N           BIRTHPLACE (Stote or fore)	egro Apr.	6. AGE [n ost barbt 23, 1928 40]  WHAT COUNTRY? 8.	yeors IF JINDER 1 YEAR Hoy) MONTHS DAYS YRS MARRIED NEVER MAR	F UNDER 24 HRS. HOURS MIN	20 DATE PRONOUNCE April NTY OF DEATH	Day 9	Year 1969 2d. HOUR 9:10 A M
COL	ntry) Md.	U.S	.A.	WIDOWED DIVO	RCED 🗀	CECIL		Md.
/ //	CITY OR TOWN OF DEATH  ELKTON	ប្រ	NAME OF HOSP TAL OR INSTITUTE STEET address) NION HOSPITAL		during most of	CUPATION (Kind of w working life, even if K Driver	retired) INI	PL KIND OF BUSINESS OR Dustry
දී / /	USUAL RES DENCE (When admission) STATE Md	13b. COUN		City or town 13d		13e. STREET AND NUM 129 Co1	MBER	reet
5 /		E. Pine:	iddle Last	IS MOTHERS MAID	en Name First a Robin		ıddle	Lost
LÆ (	WAS DECEASED EVER IN U.S Yos, no, or unknown)	ARMED FORCES?  Ur yes give wor or dates of service an	16b SOCIAL SECURITY NO 217-20-488	17. INFORMANT S5 Charles	E. Pin	er-129 C		s St.
any event withir	Canditians, if any, which rise to immediate cau stating the underlying last	S CAUSED BY- IMMEDIATE CAUSE (a), DUE TO th gave (b), cause DUE TO (c),	, OR AS A CONSEQUENCE OF	ntracerebra				APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
natian, ar remaval, and in	PART 2 OTHER SIGNIFICA 190. DATE OF OPERATION		196 COND TION FOR WHICH WAS PERFORMED?		SEASE OR CONDITION	N GIVEN IN PART 1(a)		20 AUTOPSY? YES 🔀 NO 🗌
MEDICAL CER	21g. EXTERNAL CAUSE W. PRIMARY OR CONTRICAUSE OF DEATH 21d INJURY OCCURRED WHILE AT WORK AT WORK	BUTING   HOL	E OF INJURY Manth, Day, Year IR A M. P M. 19 RY (At hame, farm, street, ulding, etc.)	21c HOW INJURY OCC 21f LOCATION Street o		e of injury in Part 1 c		Caunty State
2	22a. I certify death resulted actual signature	from: Natura:	af the remains described of causes ( ) Accident [ Springate, M.D.	Suicide , CHIEI ASSIS	DSY X, Ins Homicide, F MEDICAL EXAMINE STANT MEDICAL EXAMIN JTY MEDICAL EXAMIN RESS(Street, city, tay	Undetermined R  MINER  MINER	22b DATE SIG	
23	BUR AL CREMATION, REMOVAL (Specify) BUF1 al	23b DATE 4/14/69		TIERY OR CREMATORY	23d.	LOCATION (City or To		aunty) (Stote)
24	FUNERAL DIRECTOR	18.01	ADDRESS 909 Poplar		APR 1 4	ISTRAR 25b. R	EG STRAR S SIGI	HATURE .



- 75	-	1			05326	DIVISION	N OF VITAL RECORDS,	301 W. F		LTIMORE, M	ARYLAND 21201	053	2.15
6.			-1		(11,0100			CERTIFIC	CATE OF DEATH			0.00	7 2 (3
	leoth.	neral rojd 2 death.			CEASED-NAME First ype or print) HAI	RRY	M ddle C <b>R</b> du	alder	SEIBOLD	2a DATE (	OF DEATH  Manth L <sub>+</sub> D	ay 3 Year	2b. HOUR 69 6:20am
	D La	<b>在战</b>		3. SEI	K	4 RACE	100-	(mc)	S. DATE OF BIRTH		6 AGE (In years	IF JHDER I YEA	***
	rs aft				Male		White		8-14-97		last 1 rthday) yRS	MONTHS OA	
	24 hours after death	popers.	7	7o. B caum	IRTHPLACE (State or foreign ty) Continuone (147) Mary Land	76. CITIZEN U . S	OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY C	DE DEATH Cecil		Md
-	thin 2	+ _ =	-	0 (1	TY OR TOWN OF DEATH erry Point		II NAME OF HOSPITAL OR IN give street address) Veterans A		not in hospital 120 U.	SHAE OCCUPATIO	N (Kind of work done g life, even if tetired )	126 KIND INDUSTRY	OF BUSINESS OR
(I)	₩ Da	ove corban y event, with	Ì	3a l	USJAc RESIDENCE (Where deceose		institution. Residence before	13c CITY O	R TOWN 13d INSIDE CIT	Y LIMITS? 13e	Street and Number		HDIE
	150 500	ove /		Julius	Maryland	13½ COU	Harford	Fore	st Hill YES	NO [	336 (c	Estrut H	all Royal)
	6X6	remove	5	14. F/	ATHER'S NAME First	Mic	ddle Lost		S MOTHER'S MAIDEN NAME	First	Middie		Last
	pe	2 S C C	~		Harry	C.	Seibol	d (D)		Alice		Bı	ull (D)
	tificate	by the offending physician and contraint permit. Then please remo cremation, or removal, and in any		160 Y∈	WAS DECEASED EVER IN U.S. ARME is, no. ar unknown) ("yes aye war Yes 1975	D FORCES or dates of serv	166 SOCIAL SECURITY 220-46-4	034	INFORMANICATE TO SEIVE HOSPITAL	bold Record	ds, Perry	Point	Md.
	G	permit. The	Ī	П	1B CAUSE OF DEATH (Enter only	ane cause	per me for (a), (b), and (c)					APPR	ROXIMATE INTERVAL EN ONSET AND GEATH
	100	andir.	-1	1	PART I. DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	_ Pneumonia						
	9	offer on,	- 1	-1	486X	DUE TO	), OR AS A CONSEQUENCE OF						
	±	the matic	-		Conditions, if any, which gave a rise to immediate cause (a),	(b	)						
	though.	by crer		- 1	stating the underlying cause	DUE TO	, OR AS A CONSEQUENCE OF						
	ires	signed by the buriol-transit burial, crematic	-1	L	last.	(0							
	V: The low requires the or offending physician.	he built			PART 2 OTHER SIGNIFICANT COND	itions <u>con</u>	NTRIBUTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL DISEASE O	RCONDITION GIV	'EN IN PART 1(o)		
	Puo v	s be os t orior	, I	CERT,FICATION	190. DATE OF OPERATION 196 CO	ONDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?		IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
	The to	be ha	3	RT.S					YES NO [	X	ES OF DEATH?		
	PHYSICIAN: The low requires that the deoth certificate be executed within the hospital or oftending physician.	rifficate has been and far use os the to of Health prior to the		룅	21a ACCIDENT WAS UNDERLYING  ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH  (If either, natify medical examine	HOUR	IME OF INJURY  A.M Manth Day Year  P.M 1		OW INJURY OCCURRED (En	rter mature af inj	ury in Part 1 or Part 2	, Item 1B)	
		TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detoched for use os the should be filed with the State Dept. of Health prior to	1	- 1	21d N.JRY OCCURRED Zie, P While Not while at work	LACE OF IN.	JURY ( AT HOME EARM, STREET, FA	CTORY.) 21f Li	OCATION Street or R.F.D. I	No Cri	y or Town	County	State
	ING	rter De d Itate	-	No.	220   certify that (I) (this	hospitol	) ottended the deceos	ed from	Feb. 8 , 19	69, to 1	April 3,1	9 <u>69</u> , <b>x</b> tr	reak year action
	ATTENDING etained by the	shauld lith the S	1	-1	couses stoted obove,	(I) (we) (	(did) (did not) view the	.%XXXon body ofter	d that in (my) (our) o death	pinion death	occurred on the d	ote and hou	ur and from the
	AT reta	P A H	-1	Ī	226 SIGNATURE	1	1/1000			4470		DATE SIGNED	
_	OR be ri	DIRE Je 3 led w		I.	120an	Ce	exoun	BLG		MED. DIRECTOR	STAFF SYNG	4-3-69	
	Poge 4 mov b	O FUNERAL DIRE directar, poge 3 should be filed v			22d PRYSICIAN'S MAME (Type) T. G'	UEVAF	RA, M.D.		VaH. Pe	rry Po:	int, Md.		
	1051	UNE	7	23o	BCRIAL, CREMATION, 23b. DA	ATE .	23c NAME OF	CEMETERY OR			ION (City or Town)	(County)	(State)
	000	dira she				mil 5,	1969 DEEK-	Creck	Mark Ch. Com	Teres	Harton Harton		, , ,
	-	•			UNERAL DIRECTOR	المناتاني	Suice - PADDRESS	beartiss.	way teath 250 RECD	BY REGISTRAR	25b 100 Co		ed for
		VR A15 (4)	1	Fo	ster Funeral	Home,	Bel Air, M	aryla	nd 21014 DATEAP	K ( )	TOD F	0	4.



\* . . . \* . 1

		05328 DIVISION		CORDS, 301 W. PREST			21201	0 =	
FOR STATE		0.0000	MEDICA	AL EXAMINER'S	CERTIFICATE OF	DEATH		-0532	30
HEALTH DEPT.	1. [	ECEASED-NAME Firs Type or Print)		M,ddle	Last	2a. D	ATE KNOWN Month	Doy Year	2b HOUR
ony deloy is 2, and 3 to PM3. Page	l '	JOF	N	MERCER	TERRELL		OF ESTI-		694 - 23
any deloy is 2, and 3 to PM3. Page	3. S	EX 4, RACE	S DATE OF BIRT		IF UNDER I YEAR II		ATE PRONOUNCED DEAD		2d. HOUR
de ong M3.		Male White	16-19	-1400 68		OURS Min.	Manth Doy — <b>April</b> — 1	19 Kg	4-23
2, 2, P		BIRTHPLACE (State or foreign	76 CITIZEN OF WHA		MARRIED NEVER MARRIE	9 COUNTY C			
2 E	caui	try) AAD.	4.5.	17. V	VIDOWED DIVORCEE	o c	cil		M
oth Chy ages 1, 2, o th form PW	10.	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INSTITUT	ION (If not in haspital	120 USUAL OCCUPAT	ION (Kind of work done	125 KIND OF B	USINESS OR
after deoth  8. Give Pages 1, olang with form with the States		Ekton	give sti	reet address) Jnion_Hospita	1	during mast of work	ing life, even if retired )	GOUT.	
after 8. Giv olong olong with t		USUAL RESIDENCE (Where decea	ed lived, if institut	an Residence before 13c. (	ITY OR TOWN 3d. INS	DE CITY LIMITS? 13e	STREET AND NUMBER		
	٥	dmissian) STATE Md	13b. COUNTY	cil 1	1kton YES	□ NO 🗵	Elkton Rd #	12, Md.	
Item 1 Tand2 offer o	14.	ATHER'S NAME First	Middle	Last	IS MOTHER'S MAIDEN	NAME First	Middle		Last
		JOHN	H.	TERRELL	AK	ARY 1	E, T.	AHLOR	
		WAS DECEASED EVER IN U.S. ARMED		16b SOCIAL SECURITY NO	17 INFORMANT		ADDRESS R	DNZ	
	(1)	es, no, ar unknawn) (If yes give	war or dates of service)	218-32-4654	ETHEL P	TERRET	L ELI	4 TONIN	KD.
be executed within "pending" in pending in pending in pendine Examine Medical Examinating permit. File pogevent within 72 hou		18. CAUSE OF DEATH (Enter or	ly one cause per lin	e for (a), (b), and (c))			_ <del>-</del>		TAYE INTERVAL
e execute pending" ef Medical isit permit.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI	O'BY ATE CAUSE (o)	Cranioce	rebral inju	cies		SECULE OF	DET AND GENT
Mec Mec		300	( )	AS A CONSEQUENCE OF					
be "pe ief insit		Conditions, if ony, which gove	(b)						
Part of the		rise to immediate couse (o), stating the underlying couse		AS A CONSEQUENCE OF					
e should the word to the Ch to buriol-fre		last	(c)						
ICAL EXAMINER: This certificate should be executed with secure the certificate, writing the word "pending" in penfor. Page 4 should be forworded to the Chief Medical Examed for your files. CTOR: Page 3 should be used as a burial-transit permit. File purial, cremation, or removal, and in any event within 72 has a secure of the contraction.		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELAT	ED TO THE TERM.NAL DISEAS	E OR CONDITION GIV	EN IN PART 1(a)		
vertificat writing rworded rsed os a	2								
writi wo wo sed	ATIO	190. DATE OF OPERATION		19b. COND TION FOR WHICH	OPERATION			20 AUTO	PSY?
This cricote, be for a be u	CERTIFICATION			WAS PERFORMED?					XX NO 🗆
INER: This certificate, write certificate, write should be forwor files.  3 should be used astrony or removo		21a EXTERNAL CAUSE WAS		NJURY Month, Day Year	21c HOW INJURY OCCUR	RED (Enter noture of i	njury in Port 1 or Port 2,	Item 18.)	
certification, on,	MEDICAL	PRIMARYX OR CONTRIBUTING [ CAUSE OF DEATH	? P.M	4 199 69		1			
S S S S S S S S S S S S S S S S S S S	ME		PLACE OF INJURY (At	hame form street	21f LOCATION Street or R	D No	City or Tawn	County	Stote
EXAM ute th uge 4 your Poge		WHILE NOT WHILE TO AT WORK TO	Home	, etc.)	Elkton #2	Rđ	Elkton	.Cecil	Md.
CAL EXAMINER: execute the certificar. Page 4 should be for your files. CTOR: Page 3 should bunal, cremat.on,				e remains described ab			on , Inquiry [		my apiniai
CO Se		death resulted from	Natural cause				ndetermined manner	_	7
please directi retaine DIREC		1 2 V	1-1			EDICAL EXAMINER		4001	
y, please ratain to prior to		ACTUAL SIGNATURE		WIL		IT MEDICAL EXAMINER	₩ 22b. <b>DAT</b>	TE SIGNED	
en per		EXAMINER'S			Trico.	MEDICAL EXAMINER	_	<del>il 20,</del>	1060
o DEPUTY DICAL E		NAME (Type)	Edward	F Wilson N	ADDRESS	(Street, city, tawn, ar	county)	11 20;	1909
necessor the function of the f	230		DATE	F Wilson P 23c NAME OF CEMET	ERY OR CREMATORY	23d 10CA	TION (City or Town)	(County)	(Stote)
	B		- 22-69	CHERRY	H121	CHE	RRY HILL W	76611	MD.
30	24	FUNERAL DIRECTOR Dokum	& A.Lan	ADDRESS		REC D BY REG STRA	R 25b. REGISTRAR	S S GNATURE	·
VR A15ME (5)	2	T. FOARD FULL	EZAZ HON	NE CHARCOD	EARE CITY A	R 2 2 198	39 fillower	in Verige	) HBL

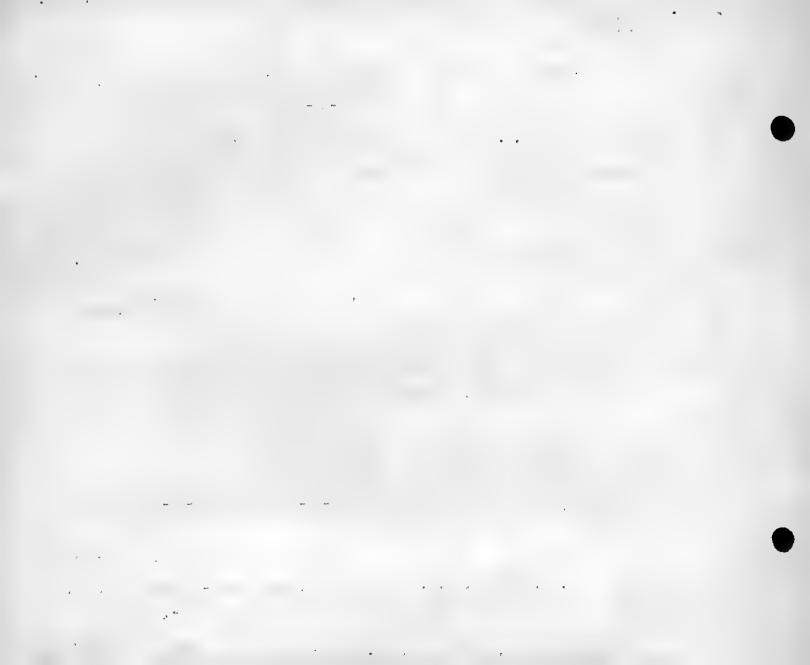
MARYLAND STATE DEPARTMENT OF HEALTH



4 3	1		DIMICIO		YLAND STATE I			VIAND 21201			
FOR STATE		05329	DIAI2101		PRDS, 301 W. PRI L EXAMINER'	7				5321	
HEALTH: DEPT.	i. D	ECEASED NAME	First		M ddie	Last	E OF DEAL		Month K INWI	Day Yeor	2b HOUR
× 2	(	Type or Print)		ENCE	AYRES	THOMP	SON	OF EST		17 196	
à 647 ±	3 5	EX 4. 1	RACE	S DATE OF BIRTH	6. AGE (In	YOURS IF UNDER 1 YEAR	OF UNDER 24 HPS			17 170	2d HOUR
deloy		Male	White		,1909 60	VRS MONTHS DAYS	HOURS MI	Manth Apr	Davi	7, Year 1969	1:15m p
2, 6	70.	BIRTHPLACE (Stote or	foreign	76 CITIZEN OF WHAT		MARRIED NEVER	MARRIED 9. 0	OUNTY OF DEATH		.,	~ * × Din
arrr arrr	COUR	Virginia		U.S.A		WIDOWED D	IVORCED 🔽	Cecil			Md.
ve Poges 1, 2, c g with farm Ph the State Depart	10. (	ITY OR TOWN OF DE	ATH	11 NAME	OF HOSPITAL OR INCTI	UTION (if not in hospi	tal 120 USUAL	OCCUPATION (Kind	of work done	125 KIND OF BUS	INESS OR
Give Poges ung with fair th the State		Elkton		Geo	et address) rge's Elkto	on Village	Motel.	Jani	SOP	INDUSTRY Hospi	tal_
	130	USUAL RES DENCE (1 dmission) STATE	Where deceas	ad locad of cartition's	n. Dacidonia hatoral 13	CITY OR TOWN	13d. INSIDE CITY UN6157	13e STREET AN	ID NUMBER		
STE STEE	_		Md.	13b COUNTY Geci		<u> Elkton</u>	YES NO		Landing		
24 haurs a'n Item 18. r's-Office al	14. 1	ATHER S NAME	first	Middle	Lost	35. MOTHER'S A			Middle	los	
hin 24 ncil in niner's pages hours	160	H WAS DECEASED EVER II	lfre		Thompson  b SOCIAL SECURITY NO	17. INFORMANT	La	ura	ADDRESS	Jor	nes
	(1)	es, na, ar unknawn) Yes			17-09-45		ble Dis	charge	ADDKE33		
ould be executed wit vord "pending" in pe ne Chief Medical Exar al-transit permit. File any event within 72			ATH (Enter on	ly ane cause per line			<u> </u>	**************************************		APPROXIMATE BETWEEN ONSET	INTERVAL
executed nding ' ir Medical I permit.		PART I. DEATI		D' BY: ATE CAUSE (0)	Arter:	loscleroti	c cardio	ascular	disease	BETWEEN GHOET	AND OCKIA
exe endi Me t pe		+12	4	DUE TO, OR AS	A CONSEQUENCE OF						
be hiet		Canditians, if any, rise to immediate	which gave cause (a).	(b)							
shauld be e ne word "per a the Chief ! burial-transit		stating the under		DUE TO, OR AS	A CONSEQUENCE OF						
she w he w to th burin d in		last.	IFICANT COM	(c)	VO DELTA DUE NOT DE	1770 TO THE PROMING				<u> </u>	
ite, writing the farwarded to be used as a bremaval, and		PART 2 OTHER SIGN	IFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT RE	ALED TO THE TERMINAL	L DISEASE OR CONDI	TRON GIVEN IN PAR	₹T 1(α)		
certif , writi arwan used ( maval	CERTIFICATION	19a. DATE OF OPERA	ATION	19	b. CONDITION FOR WHIC	H OPERATION				20 AUTOPS	/?
his cate, ye far e far rem	E				WAS PERFORMED?					YES	NO 🖂
AL EXAMINER: This execute the certificate, r. Page 4 shauld be fat your files. FOR: Page 3 shauld be urial, cremation, ar ren		21a EXTERNAL CAUS PRIMARY OR CO			URY Manth, Day, Year	21c. HOW INJURY	OCCURRED (Enter n	ature of intury in P	art 1 ar Part 2, l	tem 18.)	
INER: T the certification is should be files. 3 should barries.	MEDICAL	CAUSE OF DEATH		P.M.	19						
Min the the 14 st 14 st 15 tr file or 3 er	25	21d INJURY OCCURR		PLACE OF INJURY (At history, office building, e	iome, form, street, itc.)	21f. LOCATION Stre	et ar R F.D. Na.	City ar Ta	WΠ	County	State
bical EXAMINER: se execute the cert sector. Page 4 shault ned far your files. ECTOR: Page 3 shault burial, cremation,		AT WORK LAT WO	RK		·						
exector for for formal for formal for formal formal formal for formal fo					remains described			Inspection [ ],	Inquiry [	_	ıy apinian
old ase ecto inec inec		death result	ed fram:	Natural causes	Accident [		, Homicide [	and (	nined manner		
please I director retained		ACTUAL $\triangleleft$	7X~	) ナ い	71		THIEF MEDICAL EXAM ASSISTANT MEDICAL I		22b. DATE	SIGNED 8/69	
ony, nero be ERA		SIGNATURE	70012			177.00	DEPUTY MEDICAL EX			<b>4</b> /18/69	
necessary, please execute the certifithe funeral director. Page 4 shauld 5 may be retained far your files. To FUNERAL DIRECTOR: Page 3 shauld Health prior to burial, cremation,		NAME (Type)	т.	dramed #E	Uilan W		DDRESS(Street, city,	tawn, or county)			
5 + 2 P + 2 P + 3	23 a	BURIAL, CREMATION		DATE	236 NAME OF CEN	ETERY OR CREMATORY	2	3d. LOCATION (City	or Town)	(County) (S	tote)
	-	Burial Buria	14/	23/69	Baltim	ore Natio	onal	Bal	timore	Maryl	and_
VR ATSME (SV)	1	FUNERAL DIVECTOR	eph	E. He	ADDRESS ADDRESS		APR 2	1 1969	CEC STRAIN	SIGNATURE OF STREET	
10M REV 1/61		licks Ho	ge fo	r Funera	Is, Elkt	on, Md.	DATE IT IN	1000	17	<i>U V</i>	



-= 1001			ID STATE DEPARTMENT OF HI		•
	05330		, 301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH	NORE, MARTLAND 21201	05322
를 <u>-</u> 2록	1 DECEASED-NAME Fil	st Middle	Lost	20. DATE OF DEATH	2b HOUR
dea and dea	(Type or print)  JAME	s n	TILGHMAN .	Month 24 Doy	59 Year \$8.30 M
fur fer fer	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (In veors	IF UNDER I YEAR   IF UNDER 24 HRS.
s af	MALE	NEGRO	1-23-27	42 YRS	ONTHS DAYS HOURS MIN.
TUD AGE	7o. BIRTHPLACE (Stote or fore.gn country)	7b. CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH	
d in pers	MARYLAND	U.S.A	WIDOWED DIVORCED	CECIL	Md
fille hin	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN give street oddress)		OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ban with	PERRYPOTNT	VA H	OSPITAL GUING	of work palife, even if retired	JUNDUSTRY TRACTOR
plet car ent,	130 LSUAL RESIDENCE (Where deco odmission) STATE	eosed kved, if institution: Residence before			or or
cam cam	MARYT AND	13P/CONNIA	BALTIMORE YESKI NO		ove 21.
PHYSICIAN: The law requires that the death ceptificate be executed within 24 haurs after death e hospital or attending physician.  The certificate has been signed by the attending physician and campletely filled in by, the funeral stacked far use as the burial-transit permit. Then please remaye carban papers. Peggs 1 and 2 Dept. at Health priar to burial, cremation, ar remayal, and in any eyent, within 72 haurs after death.	14 FATHER'S NAME First  JOSEPH	Middle Lost TILGHMAN	IS MOTHER'S MAIDEN NAME FIR BERTINA	st Middle	SEWELL Lost
he death certificate be attending physician a permit. Then please rian, ar remaval, and in	160 WAS DECEASED EVER IN U.S. A			Address	
E sea lo	Yeynes unknown) PI	78" (KOREA) 217 22 1	512 VA HOSPITAL RE	CORDS PERRYPOIN	r MD.
The The		only ane cause per line for (a) (b) and (c	))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndir.	PART I DEATH WAS CAU	DIATE CALSE TO DICEPHATO	pathy, right cereb		/
atte	43 7	DUE TO OR AS A CONSEQUENCE OF	status epilepticu	s etiology unde	termined
t the	Conditions, if ony, which gov rise to immediate cause (o	(b)			L
tha an. by ran. ran.	stoting the underlying cous	DUE TO, OR AS A CONSEQUENCE OF			
rres /sicioned ned ned inal_t	lost.	(c)			
phy sign bur bur			IOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)	
w rading een the rta	8 Mal	nutrition, chroni			
e fartence is by as by as by as	190. DATE OF OPERATION IS	b. Condition for which operation was p		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
a be	E ACCIDENT WAS UNDERD	ONG TON THE RELIEF	YES NO E		
AN: of of o				noture of injury in Port 1 or Port 2, Ite	nn 18.)
SICI Spit Spit Spit Spit Spit Spit Spit Spit	(If either, notify medical exa	miner) P.M.	9		
PHYSICIAN: The law r he hospital or attending this certificate has been detached far use as the e Dept. af Health priar ta	While Nat while of work of work		21f LOCATION Street or R.F.D. No.	City or Town	County State
DING by the Affer of State	22o. I certify thot (1) (	this hospitol) attended the deceas	ed from 2-18-69, 19	, to <u>4=24=69</u> , 19_	158K few X (1300 140 X
OR ATTENDING be retained by the NIRECTOR: After the 3 shauld be died with the State		ve, (I) (we) (did) (did not) view the	body ofter death.	ion death occurred on the date	e and hour and from the
Water Per Per Per Per Per Per Per Per Per P	22b. SIGNATURE	_ 1.	ATTENDING - ME	D STAFF 22c DA	TE SIGNED 4-25-69
DIR be		24		D STAFF	1-27-09
PITAL Fray ERAL Inc. pa	22d PHYSIC AN S NAME (Type)	R: GARCIA, M.D.	VA Hospi	ital - Perry Poin	t, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar should be filed with the State Dept. af Health priar ta burial, crea	230 BURN CREMATION, 23		CEMETERY OR CREMATORY	23d JACATION (City or Town)	
VR AIS Vas	24 FUNERAL DIRECTOR	me & Very WODRES	1	and the same of	
45M 1/65	Hayes Funeral	. Home, Baltimore,	Md. DATE APP	28 1968 Jalio	was Judge



-	1		EPARIMENT OF HEALTH		
	05331	VISION OF VITAL RECORDS, 301 W. PRE		ARYLAND 21201	05323
	(1777)		TE OF DEATH		00023
death nerol ond 2 deoth.	1. DECEASED NAME First (Type or print)	Middle	Lost 20. DATE	OF DEATH	2b. HOUR
er death	E NWA	RA - W	WITE 9	Month 22 Day	59 Year 40.
E 2 2	3. SEX	RACE S.	DATE OF BIRTH	6 AGE ( n veors	IF JNDER 1 YEAR IF JNDER 24 HRS
TS OF THE PROPERTY OF THE PROP	Male	NECRO.	11/23/96	lost birthdoy)	MIN BAYS HOURS MIN
à 12°	7a BIRTHP_ACE (State or foreign 7b. country) 7b.	CITIZEN OF WHAT COUNTRY? 8 MARRIED 5	NEVER MARRIED COUNTY	OF DEATH	
n 24 he	EL-KTON He	WIDOWED [	DIVORCED [	CERNY	M
fille page	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not i			12b. KIND OF BUSINESS OR
executed within 24 und completely filled remave carbon pape on any event, within 72	EL-WIDON.	give street oddress)	during most of works	ng Life, even if retired )	INDUSTRY
tuted vomplete ve carl	130 USUAL RES DENCE (Where deceased I	ved, if institution. Residence before 113c. CITY OR TO		STREET AND NUMBER	
oml cute	odmission) STATE	3b. COUNTY OF CILL ELKA	YES NO	117 Root	La
and co	14. FATHER'S NAME First	Middle East IS N	OTHERS MAIDEN NAME First	Middle	Lost
in g	GERRIE	MAITE	MADOCA	ne E	111-1
bhycican bhycican ben please	160 WAS DECEASED EVER IN U.S. ARMED	ORCES? 166 SOC AL SECURITY NO 17 INFO	ORMANT G.77	Address	- 17 L/J-N
	Yes, no, or unknown) (If yes give weren	5/2	to MAR UNDOIS	TT MOCARE	FLOOR N.I.
in the second	18 CAUSE OF DEATH (Enter only or	e cause per line far (a), (b), and (c))		17-1-1/144	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death cer the attending f nsit permit. The matian, or remo	PART I DEATH WAS CAUSED BY IMMEDIATE C	11	MARICHANT	ANGENSE	OCIWICA ONSCI AND DEATH
ne death attendi permit. ian, or r	/ ·	DUE TO, OR AS A CONSEQUENCE OF	-11/11/19/VAIV	LIVSCASE.	- 0 mg
that the d an. by the att fronsit perr cremation,	Conditions, if any, which gove)	IN PROSTATIO	001600		2
that In. Dy t ons rem	rise to ammediate cause (a) ( stating the under ying cause)	DUE TO, OR AS A CONSEQUENCE OF	A TOP TO THE PERSON OF THE PER		- yan
es sircio ed 1 ol-tr	lost.	(c)			
by the hospital or attending physician.  by the hospital or attending physician.  therefore this certificate has been signed by the attending physician and completely filled in thy the funeral be defacted far use as the buriol-transit permit. Then please remave carbon papers (Paper 1 and 2) State Dept. of Health priar to buriol, cremation, or removel, and in any event, within 72 hours after death	PART 2. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GI	VEN IN PART I(o)	
ng Ing Ito E				` '	
IDING PHYSICIAN: The law real by the hospital or attending. After this certificate hos been a be defached far use as the stole Dept. of Health priar to	190 DATE OF OPERATION 196 CON	DITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? 20b	IF YES WERE FINDINGS COI	NS DERED IN CERTIFYING
The atte		water Ca	YES NO TSG CAU	ES OF DEATH?	
age of r	E 210 ACCIDENT WAS UNDERLYING	216 T.ME OF INJURY 21c HOW	INJURY OCCURRED (Enter noture of in	eury in Port 1 or Port 2, Ite	em 18)
State of the state	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M. Month Doy Year P.M. 19			,
TAL OR ATTENDING PHYSICI noy be retained by the hospith operation of the certification of the page 3 sill out be detached the filed with the State Dept. of			TION Street or R.F.D. No. (	ty or Town	County State
this the Pe	While Not while at work	OFFICE BUILDING, ETC.			
ATTENDING Plained by the CTOR: After Is alould be dith the Stote	22a. I certify that (I) (this h	ospital) attended the deceased from	on 1969, ta_	4/92 196	o, that (I) (we) tas
=- <	saw the deceased alive	an 4189 1960 and the	hat in (mv) (aur) opinian deati	accurred on the date	and havr and from the
TI Ging		(we) (gue) (gue) view the bady after dec	ith.		
Wiji Sala	226. SIGNATURE	17-1-11	ATTENDING MED.	STAFF C	ATE SIGNED
L OR be r DIRE	and have clayed	Human My DEGREE		J PHYS. LJ 4	22/69
ZAI Pog Pe f	22d PHYS CIAN S NAME (Type)	Torans MA	22e. ADDRESS	, 11/1	/ / -
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending of FUNERAL DIRECTOR: After this certificate has been director, page 3 stauld be defached far use as the should be filled with the State Dept. of Health priar to	123- D DIAL CD(H4710)	JAVKAKIS MID	Letton	Mol	
Shore Aire	230 BURIAL, CREMATION, 230 DATE REMOVAL (Specify)	23c NAME OF CEMETERY OR CRI	~ /	JON (City or Town)	(County) (Stote)
5-5	24. FUNERA. DIRECTOR	ADDRESS	COUNTY DECISION OF DECISION	25h projetran or	Chamios de
VR A15 (4) 45M - 1X89	Col who "	P 019 0 10	APR 2 5 19	59 100/1990 1990 1990 1990 1990 1990 1990	GNATURE AND
43111 - 17404	must oser	- 70/ Fuplar Al	DARP		

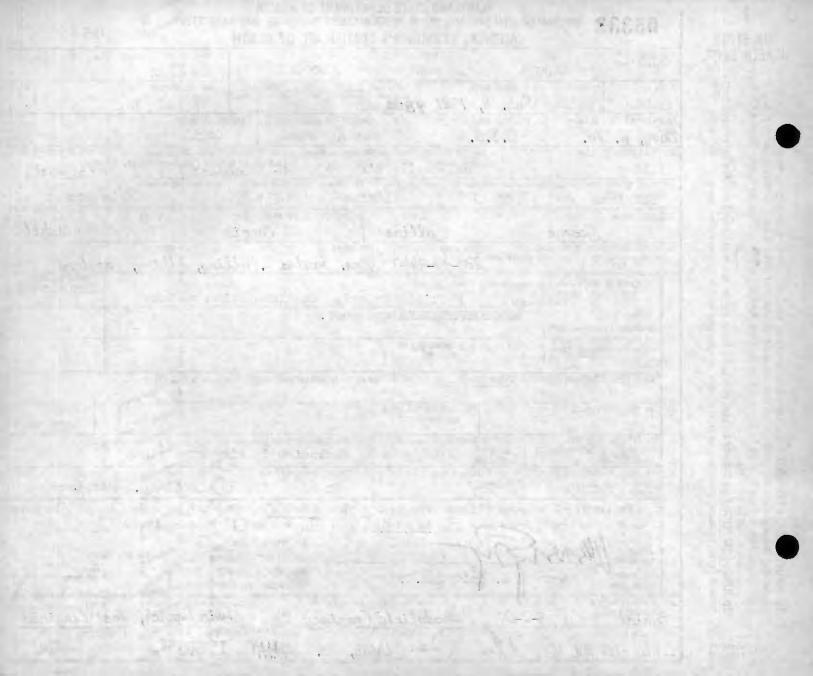


. 1		0.000		U STATE DEPARTMENT OF T 301 W. PRESTON STREET, BALT		4			
•		05332		CERTIFICATE OF DEATH	imoke, makitanu 21201	05324			
ond 2 death		ECEASED-NAME First Type or print)	Middle	Lost	20. DATE OF DEATH	26 160110			
		SAMUE		WILSON	APRIL Month 18 Day	1969 10:40			
	3, 5	Male	4. RACE Negro	S. DATE OF BIRTH  May 11, 191	6 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.			
	7a.		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH				
	COL	ist.of Columbia		WIDOWED DIVORCED	CECIL	MA.I			
)	10.	CITY OR TOWN OF DEATH erry Point	11 NAME OF HOSPITAL OR INS give street address) VA Hospita	TITUTION (If not in hospital 120 USU/	At OCCUPATION (Kind of work done ost of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY			
17	13o.	-	ed lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE CITY L		Factory			
1		DIST.OI COL.	M ddle Lost		□ 5932 9th St				
3	17	Claude	NMN Wils	15. MOTHER'S MAIDEN NAME F		Lost			
	160.	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 116b SOCIAL SECURITY N		NMN Address	Mathews			
	ľ	es, pa, ar unknown) (1f yes give w	TI 577 16 807		cords, Perry Poin	at. Md.			
		18. CAUSE OF DEATH (Enter and PARY I, DEATH WAS CAUSED	y ane couse per line for (a), (b), and (c) )			APPROXIMATE INTERVA; BETWEEN ONSET AND DEATH 5-10 days			
		1621	DUE TO, OR AS A CONSEQUENCE OF						
		Conditions, if any which gove a rise to immediate cause (a).		genic Carcinoma of	rt. lung	l year			
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
		lost.	(c)						
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(a)				
	NO!	[190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN (							
	CERTIFICATION	(76,	THE RESERVE THE PROPERTY OF TH	YES TOK NO	CAUSES OF DEATH?	MENDERED IN CERTIFEING			
		21a. ACCIDENT WAS UNDERLYING			noture of injury in Port 1 or Port 2, It	tem 18.)			
	DICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin			, , , , , , , , , , , , , , , , , , , ,				
	MEDI	21d INJURY OCCURRED 21e. While at work	PLACE OF INJURY (AT HOME, FARM, STREET FACT	ORY.) 21f LOCATION Street of R.F.D. No.		County State			
		220. I certify that Molitar	s hospital) of)ended the decease	d from Feb. 28 , 19 6 XXX and that in <b>(my)</b> (our) api edy after deoth	8 , to April 18 , 19	69 , horxix werest			
		couses Agted above	NEX. (ve) (d.d) Volovina v.aw that	(XXX) and that in <b>(ang)</b> d(our) apid	nian deoth accurred on the dat	te and hour and from the			
		22b. SIGNATURE	A LANGE OF CONTRACT OF THE CON		22c D	IATE SIGNED			
		1//	odnie Cu	COSCILLE PHYS. DI		19 69			
		22d PHYSICIAN S NAME (Type)	ORO GUEVARA, M.D.	22 ADDRESS		742			
	220	BURIAL CREMATION 236 D			al, Perry Point,				
	230	REMOVAL (Specify)  A PR	_	EMETERY OR CREMATORY TORE NATIONAL	23d LOCATION (City of Tawn) M^RYLAND	(County) (State)			
	24.	FUNERAL DIRECTOR	ADDRESS	2So REC'D B'	Y REGISTRAR 2Sb. REGISTRAR S	SIGNATURE			
d		TOHNSON & TENK	THE FINERAL HOME L			la Cardas			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05325 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Firet Last 2a. DATE KNOWNETT Month Year (Type or Print) ESTI-2, and 3 to PM3. Page MAGGIE MAE WOOTEN DEATH MATED X 10 4 RACE 6. AGE (In years IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD Feb. 8. 1921 female white 19 69 7a. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with farm WIDOWED X Ceci1 DIVORCED [7] Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within 24 hours after death give street address) Bello Fire Works Coduring most of warking life, even if retired.) E1kton Fire Works 1 and 2 with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 17 232 West Main Street odrigion v flathd E1kton YES TO NO IX 14. FATHER'S NAME First Middle tas! 15. MOTHER'S MAIDEN NAME First Middle ollins Fairchild Maggie rearne 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, ar unknown) (If yes give war or dates of service) Mrs. Sandra M. Mullins. Elkton, Maryland APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY: Multiple Injuries and Inhalation of Smoke burial-transit Canditians, if any, which gave rise to immediate cause (a), in ony shauld the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause farwarded to certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 or remayal, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO I the funeral director. Page 4 should be 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 2 Ig. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY K OR CONTRIBUTING Explosion in fireworks plant 4/28/19 69 crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK St #7 Elkton, Cecil Co., Maryland burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy XI. Inspection . Inquiry , and in my opinion death resulted fram: Natural causes Accident X Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 4/29/69 DEPUTY MEDICAL EXAMINER EXAMINER'S Spitz, M.D. Wernen NAME (Type) ADDRESS(Street, city, town, ar caunty) 50 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d.\_LOCATION (City or Town) (County) Burial (Specify) Rhodalield (emetery West Virginia 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



1		05334	ALTIMORE, MARYLAND 21201 H	05326							
deoth. and 2 death.		DECEASED-NAME First (Type or print) Chest	cer Middle	Work	2a. DATE OF DEATH Manth 29	Doy 1960 2b. HOUR					
The for		Male	4. RACE White	S. DATE OF BIRTH 4-5-1893	6. AGE (In years birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					
24 hour	(0	BIRTHPLACE (Stote ar foreign untry)	76. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Cec:	Md					
within bon pa	OR	city or town of Death ising Sun, Mc	11. NAME OF HOSPITAL O	RINSTITUTION (If not in hospital leal vert <b>Hanor</b> during	SUAL OCCUPATION (Kind of work don a most of working life, even if retired	12b. KIND OF BUSINESS OR INDUSTRY					
ecuted complet ove car	5 odi	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE ensylvant ancastery series yes Now									
be exe		FATHER'S NAME First Samuel		ork	E Grs1 Middle	Homsfler					
rtificate	16	o. WAS DECEASED EVER IN U.S. ARM Yes, nor or Usknown) (If yes give we	ED FORCES? or or dofes of service) 196-1	RITY NO. 17. INFORMANT 10-2656 Harold	R. Work Address	On Marin pre					
eoth ce inding R nit. The		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), pno BY: TE CAUSE (a)	rencha meremon		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the uneral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon pages. Peres 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.		Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE  (b)	OF O		Tarp					
	2	( )	DITIONS CONTRIBUTING TO DEATH BI	I NOT RELATED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(a)						
The lay attending the best of the prior	CERTIFICATION	19a. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WA	PREFORMED 20g. AUTOPSY?  YES NO	CALICES OF DEATUR	CONSIDERED IN CERTIFYING					
ICIAN: pital or rrificate ed for u	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH	er) HOUR A.M. Month Day Y	eor 19	nter nature of injury in Port 1 or Part :	2, Item 18.)					
S PHYS the hos this ce detoche e Dept.	ME	While Not while at work at work	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	I, FACTORY.) 21f. LOCATION Street at R.F.D.	4 -	County State					
TTENDING Dined by 1 OR: After ould be		22a. I certify that (I) (this saw the deceased ali causes stated abave,	s haspital) attended the dece ive an	pased from $4-18$ , 19 1967, and that in (my) (aur) on the bady after death.	ppinian death accurred on the	9 6 9, that (1) (we) last date and haur and fram the					
AL OR A Dy be reft.  L DIRECT Sugge 3 sh filed with		22b. SIGNATURE DELL	Morland	DEGREE PHYS.	MED. STAFF 22	C. DATE SIGNED					
HOSPIT, ge 4 mc UNERA ectar, pould be	230		Neil Taylor	OF CEMETERY OR CREMATORY	g Sun, Md. 219						
	74			N U.C.S. Cometery	New trovidence	O'C CICHATURE					
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